

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Missouri

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

Except for a nominal recipient copayment (as specified in Attachment 4.18 of this State plan), if applicable, the Medicaid agency uses the following general method for payment:

1. Payments are limited to State plan rates and payment methodologies for the groups and payments listed below and designated with the letters "SP".

For specific Medicare services which are not otherwise covered by this State plan, the Medicaid agency uses Medicare payment rates unless a special rate or method is set out on Page 3 in item ____ of this attachment (see 3. below).

2. Payments are up to the full amount of the Medicare rate for the groups and payments listed below, and designated with the letters "MR."
3. Payments are up to the amount of a special rate, or according to a special method, described on Page 3 in item ____ of this attachment, for those groups and payments listed below and designated with the letters "NR".
4. Any exceptions to the general methods used for a particular group or payment are specified on Page 3 in item 1 of this attachment (see 3. above).

SP - Part A hospital deductible/coinsurance limited to the lower of the deductible and coinsurance amounts or the amount the Medicaid applicable payment schedule amount exceeds the Medicare payments. These rates are applicable to QMBs, other Medicaid recipients and dual eligibles.

MR - All other Part A deductible/coinsurance, except as described above with designation "SP", and Part B deductible/coinsurance are paid up to the full amount of the Medicare rate for QMBs and dual eligibles. The other Medicaid recipients are as stated above except for payments to certain other special practitioners that are not otherwise covered by this State plan.

TN No. 91-43

Supersedes

TN No. N/A

Approval Date NOV 15 1991

Effective Date October 1, 1991

HCFA ID: 7982E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

Supplement 1 to ATTACHMENT 4.19-B
Page 2
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: Missouri

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

QMBs:	Part A	<u>X</u>	Deductibles	<u>X</u>	Coinsurance
	Part B	<u>X</u>	Deductibles	<u>X</u>	Coinsurance

Other	Part A	<u>X</u>	Deductibles	<u>X</u>	Coinsurance
Medicaid	Part B	<u>X</u>	Deductibles	<u>X</u>	Coinsurance
Recipients					

Dual	Part A	^{SP} <u>X</u>	Deductibles	^{SP} <u>X</u>	Coinsurance
Eligible	Part B	^{SP} <u>X</u>	Deductibles	^{SP} <u>X</u>	Coinsurance
(QMB Plus)					

Identify

TN No. 91-43

Supersedes

TN No. N/A

Approval Date NOV 15 1991

Effective Date October 1, 1991

HCFA ID: 7982E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

Supplement 1 to ATTACHMENT 4.19-B
Page 3
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Missouri

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

1. Payments made on behalf of the other Medicaid recipients for Medicare Part A and Part B deductible and coinsurance are limited as described in the designation "SP" on page 1 of attachment 4.19-B, and are further limited to provider types that are covered by the State plan, as if they were not entitled to Medicare.

TN No. 91-43
Supersedes _____ Approval Date NOV 15 1991 Effective Date October 1, 1991
TN No. N/A

HCFA ID: 7982E



Assurances
4.198

JOHN ASHCROFT
GOVERNOR

MISSOURI
DEPARTMENT OF SOCIAL SERVICES
BROADWAY STATE OFFICE BUILDING
P.O. BOX 1527
JEFFERSON CITY
65102-1527

MICHAEL V. REAGEN, Ph.D.
DIRECTOR

December 23, 1987

Mr. Ed Brennan
Associate Regional Administrator
for Program Operations
Room 225, Federal Office Building
601 East 12th Street
Kansas City, Mo 64106

Dear Mr. Brennan:

The Missouri Department of Social Services (DOSS) formally submits for your review State Plan Amendment Transmittal No. MS 87-16. This Amendment sets forth the Title XIX noninstitutional services reimbursement changes which have been implemented during the calendar quarter October through December 1986.

As required in final regulation published in 52 Federal Register 28648, July 31, 1987, and 42 CFR 447.333(a) as revised, the state agency's payment methodology for prescription drugs is changed as described in the provisions of the Proposed Amendment.

The state agency does make assurances that the requirements set forth in 42 CFR 447.331 and 447.332 concerning aggregated upper limits of payment are met and that the separate and distinct findings as required under 42 CFR 447.333(b)(1) have and will be made. The state agency further assures that recordkeeping as required under 42 CFR 447.333(c) will be maintained and made available to HCFA upon request.

We have included in this transmittal the reimbursement methodology to be used for nurse-midwife services.

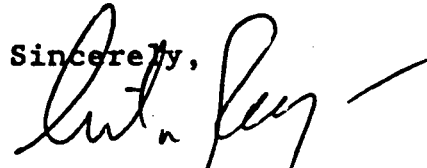
Under separate amendment transmittal we are submitting changes to Attachment 3.1-A describing the revisions in amount, duration and scope of services relative to prescription drug and nurse-midwife services.

State Plan TN# 87-16 Effective Date 10/1/87
Supersedes TN# _____ Approval Date 3/24/88

Mr. Ed Brennan
December 17, 1987
Page 2

Please feel free to contact me or Ms. Jane Kruse, Director,
Division of Medical Services, if you have any questions with
regard to this matter.

Sincerely,



Michael V. Reagan
Director

MVR/JYK/pz

State Plan TN# 87-16 Effective Date 10/1/87
Supersedes TN# Approval Date 3/24/88